

Skin and soft tissue tumor

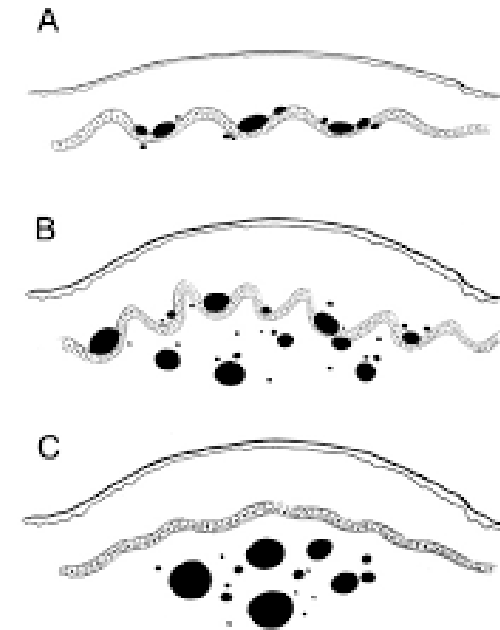
Dr. Maimouna Alomawi

Skin lesions:

- Pigmented or non pigmented
- Benign or malignant

Benign pigmented skin lesions

- **Nevi:**
 - **MOST COMMON TUMORS**
 - Increase number of melanocytes in an abnormal position producing normal or increase amount of melanin
 - **Types:**
 - Junctional Nevi: macule or papule, brown , smooth and hairless
 - Compound nevi: malignant potential
 - Intradermal nevi: well defined papule brown, hairy
 - Majority of nevi required no treatment, unless malignant transformation



Halo nevus

- Melanocytic nevus encircled by a halo of depigmentation 2ry to invasion by lymphocytes
- Age: first 3 decade
- Site: trunk
- DD: MM



Blue nevus

- Acquired , benign, firm, dark-blue sharply defined papule or nodule representing localized proliferation of melanin- producing dermal melanocyte
- Age: childhood- adolescence
- Types:
 - Common blue nevus: head or hand
 - Cellular blue nevus : buttock area



Spitz nevus

- Benign, dome-shaped, hairless small nodule, pink or tan in colour
- Age: all
- Site: head and neck
- Pathology: hyperplasia of epidermis, melanocytes and dilation of capillaries



Mongolian spot

- Congenital grey- blue macular lesion located in lumbosacral area presented at birth.
- Melanocyte present in dermis (ectopic) try to interruption in their migration from neural crest to the epidermis
- Disappear in early childhood



Nevus of ota

- Pigmentation mostly involves the skin and mucus membranes innervated by 1st and 2nd branch of trigeminal nerve.
- Mottled, dusky, admixture of blue and brown hyperpigmentation due to the present of ectopic melanocytes in the dermis
- Age: appear in early childhood or during puberty and remain for life.



Dysplastic nevus syndrome

- Multiple atypical nevi ranging in number from 10-100
- Acquired circumscribed, pigmented lesions that due to proliferation of variably atypical melanocytes.
- Larger and more variable in color(brown, black ,and pink), asymmetric in outline, irregular border
- Site: trunk



Congenital nevus

- Pigmented lesion of skin present at birth, can be any size and single or multiple
- Wide rang of clinical features
 - Lesion >20cm usually flat. Pale brown and hairless
 - Distort the skin surface with or without coarse dark brown or black hair
 - Sharply demarcated or merging with surrounding skin
 - Regular or irregular contour
- Malignant transformation (12%)



Malignant melanoma

- Malignant transformation of melanocytes
- Site: anywhere on the skin or on the retina.
 - trunk of male and extremity in female.
- Age: 35- 55, >65
- Can be arise in pre-existing naevi or de novo
- Signs of malignant changes:
 - Change in size, shape, or colour
 - Irregular border
 - Bleeding or ulceration
 - itching

MM

- Classification:
 - Superficial spreading melanoma
 - Commonest
 - Male on the back , female legs
 - Good prognosis
 - Growth radial rather than vertical



- Nodular melanoma
 - Raised nodule often with ulceration
 - Growth is vertical
 - Poor prognosis
- Lentigo maligna melanoma
 - Occur in elderly
 - Good prognosis
- Acral lentiginous
 - Rare,
 - Sole, palm and nail.



MM

- Melanoma spread either by local growth and infiltration, lymphatic spread, blood stream spread (liver, brain, lung)
- Staging
 - Breslow thickness < 0.75mm, 0.76-1.5mm, 1.51-4mm, >4mm
 - Clark's level
 - I epidermis
 - II papillary dermis
 - III junction of papillary dermis and reticular
 - IV extended to reticular dermis
 - V subcutaneous tissue
 - TNM

Premalignant condition



- Solar Actinic keratosis:
 - Single or multiple, dry, rough adherent lesions occur in exposed skin
 - Age: middle age
 - More common in male
 - site: Face, ear, neck, hand and forearm
 - Clinically: adherent hyperkeratosis scale, which is difficult to remove and tender, skin coloured, yellow-brown, redness tinge, rough like coarse sandpaper on palpation
 - Can change to SCC

Premalignant condition

- Cutaneous horn
 - Horn like projection of keratin on a slightly raised base
 - Can be represent: hypertrophic solar keratosis or insitu or invasive SCC, seborrheic keratosis, warts, keratoacanthomas
 - Site: AK
 - Clinically: vary in size the horn may be white, black, or yellowish in colour



Premalignant condition

- Leukoplakia
 - White adherent patch or plaque to mucosa that cannot rubbed off
 - High risk to develop SCC



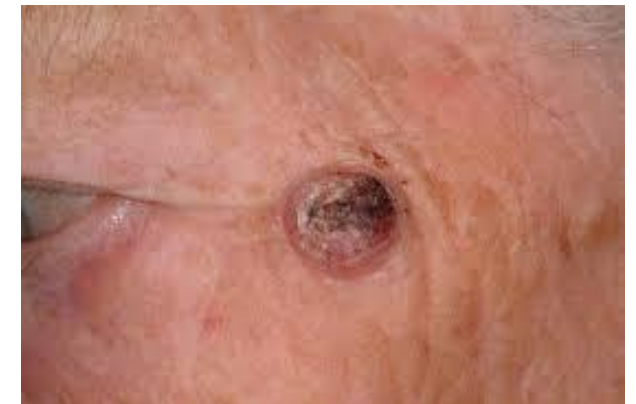
Premalignant condition

- Sebaceous nevus of jadson
 - Congenital
 - Site: scalp
 - Hairless , thin , elevated, orange color
 - Develop to BCC



Squamous cell carcinoma (SCC):

- Malignant tumour of squamous cell, arising in the epidermis and stratified squamous mucosa
- Etiological factor:
 - Ultraviolet (UVC) radiation and human papillomavirus
 - Immunosuppression (organ transplant)
 - Chronic inflammation (chronic ulcers, burn scars, radiation dermatitis)
- Age: elderly
- Male > female
- White skin and poor tanning



SCC



- Isolated keratotic or eroded papule or plaque that persists for over a month
- Highly differentiated SCC (keratinization either within or on the surface , firm or hard upon palpation
- Poorly differentiated SCC (no keratinization , fleshy , granulomatous and soft upon palpation
- Isolated, or multiple in expose area, can be metastasized to regional lymph node

Basal cell carcinoma (BCC)

- The most common type of skin cancer
- Locally invasive, aggressive, and destructive. But limited capacity to metastasize.
- Arises from epidermis that has capacity to develop hair follicles
- Age: >40
- Male > female
- Site: around the eye, nasolabial fold, behind the ear.

- Types:

- Nodular
 - ulcerating
 - superficial: multiple, trunk erythematous, slightly scaly thin plaques
 - Pigmented: confusing with MM, hard
 - Sclerosing: infiltration type, whitish patch ill-defined borders
- Pathology: proliferating atypical basal cell



Thank you

